FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 25, 2001 8:00 am Secretary of State **DOCUMENT # 645218** 1. Entity Name 05-25-2001 90290 043 ***550.00 J.H. MCGREGAN & SONS, INC. Principal Place of Business Mailing Address 940 NE INDUSTRIAL BLVD 940 NE INDUSTRIAL BLVD JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 771658 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1955312 Not Applicable Zip Country Country Zic \$8,75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCGREGAN, JAMES H. Street Address (P.O. Box Number is Not Acceptable) 1473 CROTON STREET JENSEN BEACH FL 34957 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOT . Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW !! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2: 01 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. (See criteria on back) Make Check Paya le to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete NAME MCGREGAN, JAMES H. 1473 CROTON STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL TITLE ☐ Delete TITLE Change Addition NAME MCGREGAN, PATRICK J 1473 CROTON ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL Addition ☐ Change TITLE ☐ Delete TITLE MCGREGAN, MICHAEL NAME NAME STREET ADDRESS 1473 CROTON STREET STREET ADDRESS CITY-ST-ZIP CITY - ST-7IP JENSEN BEACH FL ☐ Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed or on an attachment with an address, with all other like empowered.

Michael McGregan